

1939 MAY 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15667  
Do not use this space.

1. PLACE OF DEATH  
(a) County Hodgway Registration District No. 624  
(b) Township Hopkins Primary Registration District No. 4375 Registered No. 4  
(c) City Hopkins Missouri (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 5 yrs. mos. da. (f) How long in U. S. if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Sarah Charlotte Davis Hanna  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johnie Hanna  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-14-1881  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 57 10 17  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Earlville Illinois  
13. NAME George Nelson Davis  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mechanicburg Ohio  
15. MAIDEN NAME Francis Armenta Benton  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wansfield Ohio  
17. INFORMANT (ADDRESS) Maxine Davis Hopkins Missouri  
18. BURIAL, CREMATION, OR REMOVAL PLACE Amity Cemetery DATE May-4-1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home 357 South Main, Marysville Mo.  
20. FILED 573 19 39 H. H. Taylor Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st 1939  
22. I HEREBY CERTIFY, That I attended deceased from Apr 23rd 1939 to May 1st 1939  
I last saw him alive on 5/1 19 39 Death is said to have occurred on the date stated above, at 5745th.  
The principal cause of death and related causes of importance were as follows:  
Chronic valvular disease of heart Date of onset unknown  
Other contributory causes of importance: None  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cholesterol Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) P. W. Kirtley, M. D.  
Hopkins Mo (Address) 555

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer

District File No. 11-31

Date Filed MAY 16 19

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

W. Dean Campbell, Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

W. Dean Campbell

Licensed Embalmer No. 2630

P. O. Address.....

Manville N.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.